

NAME OF PARTY TO DIVORCE: \_\_\_\_\_

**QUESTIONNAIRE - Inventory and Appraisalment.**

**Community Estate of the Parties**

**1. Real Property** (include any property purchased by contract for deed, such as Texas Veterans Land Board property, property purchased in recreational developments, and time-shares)

1.1. Street address: \_\_\_\_\_

County of location: \_\_\_\_\_

Description of improvements, if any: \_\_\_\_\_

\_\_\_\_\_

Legal description: \_\_\_\_\_

\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_):

\$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

\_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_):

\$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

\_\_\_\_\_

Names of other lienholders: \_\_\_\_\_

\_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

1.2. Street address: \_\_\_\_\_

County of location: \_\_\_\_\_

Description of improvements, if any: \_\_\_\_\_

\_\_\_\_\_

Legal description: \_\_\_\_\_

\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \_\_\_\_\_

\$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

\_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_):

\$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

\_\_\_\_\_  
Names of other lienholders: \_\_\_\_\_

\_\_\_\_\_  
Current net equity in property:\$ \_\_\_\_\_

1.3. Street address: \_\_\_\_\_

County of location: \_\_\_\_\_

Description of improvements, if any: \_\_\_\_\_

\_\_\_\_\_  
Legal description: \_\_\_\_\_

\_\_\_\_\_  
Current fair market value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Name of mortgage company and account number, if any: \_\_\_\_\_

\_\_\_\_\_  
Current balance of mortgage (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

\_\_\_\_\_  
Names of other lienholders: \_\_\_\_\_

\_\_\_\_\_  
Current net equity in property:\$ \_\_\_\_\_

2. **Mineral Interests** (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and nonproducing oil and gas wells)

2.1. Name of mineral interest/lease/well: \_\_\_\_\_

\_\_\_\_\_  
Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description: \_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

2.2. Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description: \_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

2.3. Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description: \_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**3. Cash and Accounts with Financial Institutions** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, and funds on deposit with attorneys and other third parties; exclude accounts with brokerage houses and all retirement accounts)

3.1. Cash on hand: \_\_\_\_\_

3.2. Traveler's checks: \_\_\_\_\_

3.3. Money orders: \_\_\_\_\_

3.4. Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/certificate of deposit) \_\_\_\_\_

Name(s) on withdrawal cards: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

3.5. Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/certificate of deposit) \_\_\_\_\_

Name(s) on withdrawal cards: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_):

\$ \_\_\_\_\_

3.6. Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/certificate of deposit) \_\_\_\_\_

Name(s) on withdrawal cards: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

3.7. Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/certificate of deposit) \_\_\_\_\_

Name(s) on withdrawal cards: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**4. Brokerage and Mutual Fund Accounts**

4.1. Name of brokerage firm or mutual fund: \_\_\_\_\_  
\_\_\_\_\_

Address of brokerage firm or mutual fund: \_\_\_\_\_  
\_\_\_\_\_

Name account held in: \_\_\_\_\_

Name of account (and subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_

Account number (and numbers of subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_

Margin loan balance (as of \_\_\_\_\_):  
\_\_\_\_\_

Value of community interest in each account (and subaccounts if any) (as of \_\_\_\_\_):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax basis of each security held: \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.2. Name of brokerage firm or mutual fund: \_\_\_\_\_  
\_\_\_\_\_  
Address of brokerage firm or mutual fund: \_\_\_\_\_  
\_\_\_\_\_  
Name account held in: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Account number (and numbers of subaccounts if any):  
\_\_\_\_\_  
\_\_\_\_\_  
Margin loan balance (as of \_\_\_\_\_):  
\_\_\_\_\_  
Value of community interest in each account (and subaccounts if any) (as of \_\_\_\_\_):  
\_\_\_\_\_  
\_\_\_\_\_  
Tax basis of each security held:\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.3. Name of brokerage firm or mutual fund: \_\_\_\_\_  
\_\_\_\_\_  
Address of brokerage firm or mutual fund: \_\_\_\_\_  
\_\_\_\_\_  
Name account held in: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
\_\_\_\_\_  
Margin loan balance (as of \_\_\_\_\_):  
\_\_\_\_\_  
Value of community interest in each account (and subaccounts if any) (as of \_\_\_\_\_):  
\_\_\_\_\_  
\_\_\_\_\_  
Tax basis of each security held:\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Publicly Traded Stocks, Bonds, and Other Securities** (include securities not in a brokerage account, mutual fund, or retirement fund)

5.1. Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type of security: [common stock/preferred stock/bond/other security]: \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Pledged as collateral? [Yes/No]  
Date acquired: \_\_\_\_\_  
Tax basis: \$ \_\_\_\_\_  
Current market value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_  
Value of community interest (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

5.2. Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type of security: [common stock/preferred stock/bond/other security]: \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Pledged as collateral? [Yes/No]  
Date acquired: \_\_\_\_\_  
Tax basis: \$ \_\_\_\_\_  
Current market value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_  
Value of community interest (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**6. Stock Options** (include all exercisable, nonexercisable, vested and nonvested stock options regardless of any restrictions on transfer)

6.1. Name of company: \_\_\_\_\_  
Date of option/grant: \_\_\_\_\_  
Vesting schedule: \_\_\_\_\_

Number of options: \_\_\_\_\_

Are the options exercisable? [Yes/No]

Are the options registered? [Yes/No]

Current stock price: \$ \_\_\_\_\_

Strike price: \$ \_\_\_\_\_

If purchased, total purchase price of option contract (including commissions):  
\$ \_\_\_\_\_

Current net market value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Value of community interest (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

6.2. Name of company: \_\_\_\_\_

Date of option/grant: \_\_\_\_\_

Vesting schedule: \_\_\_\_\_

Number of options: \_\_\_\_\_

Are the options exercisable? [Yes/No]

Are the options registered? [Yes/No]

Current stock price: \$ \_\_\_\_\_

Strike price: \$ \_\_\_\_\_

If purchased, total purchase price of option contract (including commissions):  
\$ \_\_\_\_\_

Current net market value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Value of community interest (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**7. Bonuses**

7.1. Name of company: \_\_\_\_\_

Spouse earning bonus: \_\_\_\_\_

Date bonus expected to be paid: \_\_\_\_\_

Time period covered by bonus: \_\_\_\_\_

Anticipated amount of bonus: \$ \_\_\_\_\_

7.2. Name of company: \_\_\_\_\_  
Spouse earning bonus: \_\_\_\_\_  
Date bonus expected to be paid: \_\_\_\_\_  
Time period covered by bonus: \_\_\_\_\_  
Anticipated amount of bonus: \$ \_\_\_\_\_

**8. Closely Held Business Interests** (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

8.1. Name of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_  
Balance of accounts receivable if on cash basis accounting: \$ \_\_\_\_\_  
Balance of liabilities if on cash basis accounting: \_\_\_\_\_  
<\$ \_\_\_\_\_ >

**9. Retirement Benefits**

9.A. *Defined Contribution Plans* (a plan that provides for an individual account for a participant and for benefits based solely on the amount contributed to the participant's account; IRC §§ 401(k), 403(b))

9.A.1. Exact name of plan: \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_  
Employee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Starting date of creditable service: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account balance as of date of marriage: \$ \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_



Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Balance of loan against plan: \$ \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

9.A.2. Exact name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \$ \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Balance of loan against plan: \$ \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

9.B. *Defined Benefit Plan* (any plan that is not a defined contribution plan and that usually involves payment of benefits according to a formula)

9.B.1. Exact name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Description of benefits: \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

9.B.2. Exact name of plan: \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Description of benefits: \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

9.C. *IRA/SEP*

9.C.1. Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Value of community interest (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

9.C.2. Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Value of community interest (as of \_\_\_\_\_):

\$ \_\_\_\_\_

9.D. *Military Benefits*

9.D.1. Branch of service: \_\_\_\_\_

Name of service member: \_\_\_\_\_

Rank/pay grade of service member: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Status of service member: [active/reserve/retired] \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Description of benefits: \_\_\_\_\_

Monthly benefit payable: \$ \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Percentage of plan that is community: \_\_\_\_\_%

9.D.2. Branch of service: \_\_\_\_\_

Name of service member: \_\_\_\_\_

Rank/pay grade of service member: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Status of service member: [active/reserve/retired] \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Description of benefits: \_\_\_\_\_

Monthly benefit payable: \$ \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Percentage of plan that is community: \_\_\_\_\_%

9.E. *Nonqualified Plans (Not under ERISA)*

9.E.1. Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \$ \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

9.E.2. Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \$ \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

9.F. *Government Benefits (civil service, teacher, railroad, state and local)*

9.F.1. Name of plan: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \$ \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

9.F.2. Name of plan: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Value of community interest in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**10. Other Deferred Compensation Benefits** (e.g., worker's compensation, disability benefits, other "special payments", and other forms of compensation)

10.1. Husband

Description of Asset Value \_\_\_\_\_

10.2. Wife

Description of Asset Value \_\_\_\_\_

**11. Union Benefits** (include all insurance, pensions, retirement benefits, and other benefits arising out of membership in any union)

11.1. Name of union member: \_\_\_\_\_

Name of Union: \_\_\_\_\_

Description of benefits: \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

11.2. Name of union member: \_\_\_\_\_

Name of Union: \_\_\_\_\_

Description of benefits: \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**12. Insurance and Annuities**

*12.A. Life Insurance*

12.A.1. Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Name of owner:

Type of insurance: [term/whole/universal]

Amount of premiums [monthly/quarterly/semiannually]: \$

Date of issue: \_\_\_\_\_

Face amount: \_\_\_\_\_

Cash surrender value on date of marriage: \_\_\_\_\_

Current cash surrender value: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Balance of loan against policy: \$ \_\_\_\_\_

Value of community interest (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

12.A.2. Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Type of insurance: [term/whole/universal]

Amount of premiums [monthly/quarterly/semiannually]: \$ \_

Date of issue: \_\_\_\_\_

Face amount: \_\_\_\_\_

Cash surrender value on date of marriage: \_\_\_\_\_

Current cash surrender value: \$ \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Balance of loan against policy: \$ \_\_\_\_\_

Value of community interest (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

12.B. *Annuities*

12.B.1. Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of annuitant: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Type of annuity: \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_

Date of issue: \_\_\_\_\_

Face amount: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Value on date of marriage: \_\_\_\_\_

Current value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Balance of loan against policy: \$ \_\_\_\_\_

Value of community interest (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

12.B.2.

Name of company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of annuitant: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Type of annuity: \_\_\_\_\_

Amount of premiums [monthly/quarterly/semiannually]: \$ \_

Date of issue: \_\_\_\_\_

Face amount: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Value on date of marriage: \_\_\_\_\_

Current value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Balance of loan against policy: \$ \_\_\_\_\_

Value of community interest (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

12.C. *Health Savings Accounts*

12.C.1. Institution holding account: \_\_\_\_\_

Account number: \_\_\_\_\_

Name of high-deductible health plan with which the HSA  
is coupled: \_\_\_\_\_

Value of assets in account (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

12.C.2. Institution holding account: \_\_\_\_\_

Account number: \_\_\_\_\_

Name of high-deductible health plan with which the HSA  
is coupled: \_\_\_\_\_

Value of assets in account (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

12.D. *Medical Savings Accounts*

12.D.1. Institution holding account: \_\_\_\_\_

Account number: \_\_\_\_\_

Name of high-deductible health plan with which the MSA  
is coupled: \_\_\_\_\_

Value of assets in account (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

12.D.2. Institution holding account: \_\_\_\_\_

Account number: \_\_\_\_\_

Name of high-deductible health plan with which the MSA  
is coupled: \_\_\_\_\_

Value of assets in account (as of \_\_\_\_\_):



\$ \_\_\_\_\_

**13. Motor Vehicles, Boats, Airplanes, Cycles, etc.** (including mobile homes, trailers, and recreational vehicles; exclude company-owned vehicles)

13.1. Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Name on title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Fair market value of vehicle: \$ \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

13.2. Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Name on title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Fair market value of vehicle: \$ \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

13.3. Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Name on title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Fair market value of vehicle: \$ \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

13.4. Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Name on title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Fair market value of vehicle: \$ \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_):  
\$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

**14. Money Owed to Me or My Spouse** (include any expected federal or state income tax refund but do not include receivables connected with a business)

14.1. Name of debtor: \_\_\_\_\_

Debtor's relationship to you: \_\_\_\_\_

Is debt evidenced in writing? [Yes/No]

Is debt secured? [Yes/No]

Current loan amount owed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

14.2. Name of debtor: \_\_\_\_\_

Debtor's relationship to you: \_\_\_\_\_

Is debt evidenced in writing? [Yes/No]

Is debt secured? [Yes/No]

Current loan amount owed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**15. Household Furniture, Furnishings, and Fixtures**

15.1. In possession of husband (attach separate sheet by room if necessary):

Description of Asset

V a l u e

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15.2. In possession of wife (attach separate sheet by room if necessary):

Description of Asset Value \_\_\_\_\_

**16. Electronics and Computers**

16.1. In possession of husband (attach separate sheet if necessary):

Description of Asset

Value

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16.2. In possession of wife (attach separate sheet if necessary):

Description of Asset

Value

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**17. Antiques, Artwork, and Collections** (include any works of art, such as paintings, tapestry, rugs, and coin or stamp collections)

17.1. In possession of husband (attach separate sheet if necessary):

Description of Asset

Value

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17.2. In possession of wife (attach separate sheet if necessary):

Description of Asset

Value

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**18. Miscellaneous Sporting Goods and Firearms**

18.1. In possession of husband (attach separate sheet if necessary):

Description of Asset

Value

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18.2. In possession of wife (attach separate sheet if necessary):

Description of Asset

Value

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**19. Jewelry and Other Personal Items**

19.1. In possession of husband (attach separate sheet if necessary):

Description of Asset

Value

_____
_____
_____

19.2. In possession of wife (attach separate sheet if necessary):

Description of Asset

Value

_____
_____
_____

**20. Livestock (include cattle, horses, and so forth)**

20.1. In possession of husband (attach separate sheet if necessary):

Description of Asset

Value

_____
_____
_____

20.2. In possession of wife (attach separate sheet if necessary):

Description of Asset

Value

_____
_____
_____

**21. Club Memberships**

21.1. Name of club: \_\_\_\_\_

Name membership held in: \_\_\_\_\_

Account number: \_\_\_\_\_

Current value (as of \_\_\_\_\_):

\$ \_\_\_\_\_

Method of valuation: \_\_\_\_\_

21.2. Name of club: \_\_\_\_\_  
 Name membership held in: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Current value (as of \_\_\_\_\_):  
 \$ \_\_\_\_\_  
 Method of valuation: \_\_\_\_\_

**22. Travel Award Benefits** (include frequent-flyer mileage accounts)

22.1. Name of airline: \_\_\_\_\_  
 Account number and name on account: \_\_\_\_\_,  
 \_\_\_\_\_  
 Current number of miles (as of \_\_\_\_\_):  
 \_\_\_\_\_  
 Current value (if any): \$ \_\_\_\_\_

22.2. Name of airline: \_\_\_\_\_  
 Account number and name on account: \_\_\_\_\_,  
 \_\_\_\_\_  
 Current number of miles (as of \_\_\_\_\_):  
 \_\_\_\_\_  
 Value (if any): \$ \_\_\_\_\_

**23. Miscellaneous Assets** (include intellectual property, licenses, crops, farm equipment, construction equipment, tools, leases, cemetery lots, gold or silver coins not part of a collection described elsewhere in this inventory, estimated tax payments, tax overpayments, loss carry-forward deductions, lottery tickets/winnings, stadium bonds, stadium seat licenses, seat options, and season tickets)

23.1. In possession of husband (attach separate sheet if necessary):

Description of Asset	Value
_____	
_____	
_____	

23.2. In possession of wife (attach separate sheet if necessary):

Description of Asset

Value

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**24. Safe-Deposit Boxes**

24.1. Name of financial institution or other depository: \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

\_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

\_\_\_\_\_

24.2. Name of financial institution or other depository: \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

\_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

\_\_\_\_\_

24.3. Name of financial institution or other depository: \_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

\_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

\_\_\_\_\_

**25. Storage Facilities**

25.1. Name and location: \_\_\_\_\_

Unit number: \_\_\_\_\_

Terms and length of lease: \_\_\_\_\_  
\_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_  
\_\_\_\_\_

Items in storage unit: \_\_\_\_\_  
\_\_\_\_\_

25.2. Name and location: \_\_\_\_\_

Unit number: \_\_\_\_\_

Terms and length of lease: \_\_\_\_\_  
\_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_  
\_\_\_\_\_

Items in storage unit: \_\_\_\_\_  
\_\_\_\_\_

25.3. Name and location: \_\_\_\_\_

Unit number: \_\_\_\_\_

Terms and length of lease: \_\_\_\_\_  
\_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_  
\_\_\_\_\_

Items in storage unit: \_\_\_\_\_  
\_\_\_\_\_

**26. Community Claim for Reimbursement**

26.1. Reimbursement claim against husband's separate estate:

Basis of claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

26.2. Reimbursement claim against wife's separate estate:



Basis of claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**27. Contingent Assets** (e.g., lawsuits by either party against third party)

[subnumber].1. \_\_\_\_\_ Nature of claim:

Amount of claim: \$ \_\_\_\_\_

[subnumber].2. \_\_\_\_\_ Nature of claim:

Amount of claim: \$ \_\_\_\_\_

**28. Community Liabilities**

[subnumber].A. *Credit Cards and Charge Accounts*

[subnumber].[subnumber].1. \_\_\_\_\_ Name of creditor:

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_ >

Balance as of \_\_\_\_\_ [date of separation]:  
<\$ \_\_\_\_\_ >

[subnumber].[subnumber].2. \_\_\_\_\_ Name of creditor:

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_ >

Balance as of \_\_\_\_\_ [date of separation]:

<\$ \_\_\_\_\_ >

[subnumber].[subnumber].3. Name of creditor:  
\_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):

<\$ \_\_\_\_\_ >

Balance as of \_\_\_\_\_ [date of separation]:

<\$ \_\_\_\_\_ >

[subnumber].[subnumber].4. Name of creditor:  
\_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):

<\$ \_\_\_\_\_ >

Balance as of \_\_\_\_\_ [date of separation]:

<\$ \_\_\_\_\_ >

[subnumber].[subnumber].5. Name of creditor:  
\_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):

<\$ \_\_\_\_\_ >

Balance as of \_\_\_\_\_ [date of separation]:

<\$ \_\_\_\_\_ >

[subnumber].B. *Federal, State, and Local Tax Liability*

[subnumber].[subnumber].1. Amount owed in any previous tax year:

<\$ \_\_\_\_\_ >

[describe liability, e.g., federal income tax/property taxes]

Amount owed for current year \_\_\_\_\_ :  
<\$ \_\_\_\_\_ >

[subnumber].[subnumber].2. Amount owed in any previous tax year:  
<\$ \_\_\_\_\_ >  
[describe liability, e.g., federal income tax/property taxes]

Amount owed for current year \_\_\_\_\_ :  
<\$ \_\_\_\_\_ >

[subnumber].C. *Attorney's Fees in This Case*

[subnumber].[subnumber].1. \_\_\_\_\_ Husband (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_ >

[subnumber].[subnumber].2. \_\_\_\_\_ Wife (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_ >

[subnumber].D. *Other Professional Fees in This Case*

[subnumber].[subnumber].1. \_\_\_\_\_ Husband (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_ >

[subnumber].[subnumber].2. \_\_\_\_\_ Wife (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_ >

[subnumber].E. *Other Liabilities Not Otherwise Listed in This Inventory* (e.g., loans, margin accounts, if not previously disclosed)

[subnumber].[subnumber].1. \_\_\_\_\_ Name of creditor:

Account number: \_\_\_\_\_

Party incurring liability: \_\_\_\_\_

Is loan evidenced in writing? [Yes/No]

Current balance (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_ >

Security, if any: \_\_\_\_\_

[subnumber].[subnumber].2.

Name of creditor:

\_\_\_\_\_

Account number: \_\_\_\_\_

Party incurring liability: \_\_\_\_\_

Is loan evidenced in writing? [Yes/No]

Current balance (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_>

Security, if any: \_\_\_\_\_

[subnumber].[subnumber].3.

Name of creditor:

\_\_\_\_\_

Account number: \_\_\_\_\_

Party incurring liability: \_\_\_\_\_

Is loan evidenced in writing? [Yes/No]

Current balance (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_>

Security, if any: \_\_\_\_\_

[subnumber].F. *Reimbursement Claims against Community Estate*

[subnumber].[subnumber].1. Reimbursement claim by husband's separate estate:

Basis of claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

[subnumber].[subnumber].2. Reimbursement claim by wife's separate estate:

Basis of Claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

[subnumber].G. *Pledges* (include charitable, church and school related)

[subnumber].[subnumber].1. Name and address of recipient:  
\_\_\_\_\_

Date of pledge: \_\_\_\_\_

Total amount of pledge: < \_\_\_\_\_ >

Is pledge payable in installments? [Yes/No]

Date each installment payment is due: \_\_\_\_\_

Amount of each installment: \_\_\_\_\_

[subnumber].H. *Contingent Liabilities* (e.g., lawsuit against either party, guaranty either party may have signed)

[subnumber].[subnumber].1. Name of creditor:  
\_\_\_\_\_

Name of person primarily liable: \_\_\_\_\_

Amount of contingent liability: <\$ \_\_\_\_\_ >

Nature of contingency: \_\_\_\_\_

[subnumber].[subnumber].2. Name of creditor:  
\_\_\_\_\_

Name of person primarily liable: \_\_\_\_\_

Amount of contingent liability: <\$ \_\_\_\_\_ >

Nature of contingency: \_\_\_\_\_

### Separate Estates of the Parties

**29. Separate Assets of Husband** (generally defined as assets owned before marriage or assets acquired during marriage by gift or inheritance or as a result of personal injury)

[subnumber].1. Description of asset:  
\_\_\_\_\_

Date property acquired: \_\_\_\_\_

How acquired (e.g., by gift, by devise, by descent, or owned before marriage):

\_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

29.2. Husband's separate reimbursement claim against community estate:

Basis of claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

29.3. Husband's separate reimbursement claim against wife's separate estate:

Basis of claim: \_\_\_\_\_

Value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**30. Liabilities of Husband's Separate Estate**

[subnumber].1.

Description of liability:

\_\_\_\_\_

Date of liability: \_\_\_\_\_

How liability acquired: \_\_\_\_\_

Amount of liability (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_ >

30.2. Wife's separate reimbursement claim against husband's separate estate:

Basis of claim: \_\_\_\_\_

Value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

30.3. Community estate's reimbursement claim against husband's separate estate:

Basis of claim: \_\_\_\_\_

Value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**31. Separate Assets of Wife** (generally defined as assets owned before marriage or assets

acquired during marriage by gift or inheritance or as a result of personal injury)

[subnumber].1. Description of asset:

\_\_\_\_\_

Date property acquired: \_\_\_\_\_

How acquired (e.g., by gift, by devise, by descent, or owned before marriage):

\_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

31.2. Wife's separate reimbursement claim against community estate:

Basis of claim: \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

31.3. Wife's separate reimbursement claim against husband's separate estate:

Basis of claim: \_\_\_\_\_

Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

### **32. Liabilities of Wife's Separate Estate**

[subnumber].1. Description of liability:

\_\_\_\_\_

Date of liability: \_\_\_\_\_

How liability acquired: \_\_\_\_\_

Amount of liability (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_ >

32.2. Husband's separate property reimbursement claim against wife's separate estate:

Basis of Claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

32.3. Community estate's reimbursement claim against wife's separate estate:

Basis of Claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**\*[Child[ren]'s Property**

**33. Child[ren]'s Property** (e.g., custodial accounts under the Texas Uniform Gifts to Minors Act or Uniform Transfers to Minors Act, 529 plans)

A. *Custodial Account under Texas Uniform Transfers to Minors Act*

[subnumber].A.1. \_\_\_\_\_ Name of financial institution:

Address of financial institution: \_\_\_\_\_

Name of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Amount on deposit (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Name of minor for whom funds were deposited: \_\_\_\_\_

[subnumber].A.2. \_\_\_\_\_ Name of financial institution:

Address of financial institution: \_\_\_\_\_

Name of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Amount on deposit (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Name of minor for whom funds were deposited: \_\_\_\_\_

[subnumber].A.3. \_\_\_\_\_ Name of financial institution:

Address of financial institution: \_\_\_\_\_

Name of account: \_\_\_\_\_



Account number: \_\_\_\_\_

Amount on deposit (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Name of minor for whom funds were deposited: \_\_\_\_\_

[subnumber].A.4. \_\_\_\_\_ Name of financial institution:

Address of financial institution: \_\_\_\_\_

Name of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Amount on deposit (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Name of minor for whom funds were deposited: \_\_\_\_\_

B. *529 Plan*

[subnumber].B.1. \_\_\_\_\_ Institution or entity administering plan:

Designated beneficiary: \_\_\_\_\_

Type of plan: \_\_\_\_\_

Value of assets in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

[subnumber].B.2. \_\_\_\_\_ Institution or entity administering plan:

Designated beneficiary: \_\_\_\_\_

Type of plan: \_\_\_\_\_

Value of assets in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

[subnumber].B.3. \_\_\_\_\_ Institution or entity administering plan:

Designated beneficiary: \_\_\_\_\_

Type of plan: \_\_\_\_\_

Value of assets in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

[subnumber].B.4. Institution or entity administering plan:

Designated beneficiary: \_\_\_\_\_

Type of plan: \_\_\_\_\_

Value of assets in plan (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**] \*Trust and Estate Assets**

**34. Assets Held by Either Party for the Benefit of Another (include formal and informal trusts)**

[subnumber].1. Name(s) of person(s) holding assets:

\_\_\_\_\_

Description of assets: \_\_\_\_\_

\_\_\_\_\_

Name and title of fiduciary (e.g., executor, trustee): \_\_\_\_\_

\_\_\_\_\_

Name of owner of beneficial interest: \_\_\_\_\_

\_\_\_\_\_

Value of assets (as of \_\_\_\_\_):

\$ \_\_\_\_\_

[subnumber].2. Name(s) of person(s) holding assets:

\_\_\_\_\_

Description of assets: \_\_\_\_\_

\_\_\_\_\_

Name and title of fiduciary (e.g., executor, trustee): \_\_\_\_\_

\_\_\_\_\_

Name of owner of beneficial interest: \_\_\_\_\_

Value of assets (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**35. Assets Held for the Benefit of Either Party as a Beneficiary** (include formal and informal trusts)

[subnumber].1. Name(s) of person(s) holding assets:

Description of assets: \_\_\_\_\_

Name and title of fiduciary (e.g., executor, trustee): \_\_\_\_\_  
\_\_\_\_\_

Name of owner of beneficial interest: \_\_\_\_\_

Value of assets (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

[subnumber].2. Name(s) of person(s) holding assets:

Description of assets: \_\_\_\_\_

Name and title of fiduciary (e.g., executor, trustee): \_\_\_\_\_  
\_\_\_\_\_

Name of owner of beneficial interest: \_\_\_\_\_

Value of assets (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**Verification**

I, \_\_\_\_\_, state on oath that, to the best of my knowledge and belief, this inventory and appraisal contains -

1. a full and complete list of all properties that I claim belong to the community estate of me and my spouse, with the values thereof;
2. a full and complete list of all properties in my possession or subject to my control that I claim or admit are my or my spouse's separate property and estate, with the values thereof; and
3. a full and complete list of the debts that I claim are community indebtedness.

Any omission from this inventory is not intentional but is done through mere inadvertence and not to mislead my spouse. There may be other assets and liabilities of which my spouse is aware, and the omission of those items from this inventory should not be construed as a waiver of my interest in them.

\_\_\_\_\_  
Signature of party

SIGNED under oath before me on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas